



**THE BARNABAS CENTER**  
A COUNSELING, TRAINING & TEACHING MINISTRY

### Automatic Draft Authorization

Please Print:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

TRANSFER FROM:

Please attach a voided  
check for account here

Account Type: \_\_\_\_\_

Amount of monthly transfer:\$ \_\_\_\_\_

TRANSFER TO: ***The Barnabas Center 413 B Sharon Amity Charlotte NC 28211***

INSTRUCTIONS:

Beginning Date: \_\_\_\_\_

Please circle date the transfer should be made each month

1st 5th 10th 15th 20th 25th

Financial Institution:

NCBT- Cotswold

325 S. Sharon Amity

Charlotte, NC 28211

**\*\*You may increase, decrease, or suspend your monthly gifts at any time by calling The Barnabas Center at 704-365-4545 x316 or emailing [dlinberg@thebarnabascenter.org](mailto:dlinberg@thebarnabascenter.org).**

**AUTHORIZATION:** I hereby authorize you (The Barnabas Center) to make the transfer indicated above until further notice from me. If this agreement changes any prior authorization between you and me, the prior authorization is hereby cancelled, and I instruct you to follow this authorization. I further acknowledge that you have no responsibility to contact me when the above transfer occurs. I understand that I can call you to find out whether or not the transfer has been made. I understand that it is my responsibility to have sufficient funds available in my account on the transfer date in order for you to make the automatic payment. I acknowledge that if sufficient funds are not available in my account to cover the amount of the transfer, the automatic payment may not be made. I further acknowledge that The Barnabas Center will not be liable for any charges, including but not limited to, any charges related to items returned because of insufficient funds, or for any late charges.

Account holder signature: \_\_\_\_\_ Date: \_\_\_\_\_